

Coverage and Payment

908 KAR 2:200. Coverage and payment for Kentucky Early Intervention Program Services.

RELATES TO: 20 USC 1471-1485

STATUTORY AUTHORITY: 194A.030, KRS 200.650-676

NECESSITY, FUNCTION, AND CONFORMITY: The Cabinet for Health Services is directed by KRS 200.650 to 200.676 to administer all funds appropriated to implement provisions, to enter into contracts with service providers, and to promulgate administrative regulations. This administrative regulation establishes the provisions relating to early intervention services for which payment shall be made by the First Steps Program on behalf of eligible recipients.

Introduction

The Cabinet for Health Services, as Lead Agency for First Steps, is obligated to administer all funds, enter into contract with service providers, and to implement regulations. This section establishes the rates for all disciplines working in First Steps, outlines service provider participation requirements, sets service limitations, and establishes the "Family Share" sliding fee scale.

Section 1.

Definitions.

- (1) "Cabinet" means the Cabinet for Health Services.
- (2) "Commercial transportation carrier" means a commercial carrier, including a taxi cab, that is licensed to transport a member of the general public.
- (3) "Direct contact" means an activity or contact that is:
 - (a) Face to face or by telephone, with the child, or on behalf of the child, with the parent, family or person in custodial control, a professional or other service provider, or other significant person; and
 - (b) Not the direct supervision of a paraprofessional by a professional.
- (4) "First Steps" means Kentucky's early intervention system as established by KRS 200.650 through 200.676.
- (5) "Noncommercial group carrier" means a vendor who provides bus or bus-type transportation to an identifiable segment of the population eligible for service from the carrier.
- (6) "Period of eligibility" means from the date the child was determined eligible to the date of the child's third birthday or prior to the child's third birthday, to the date the child is determined ineligible.
Best Practice Guidelines: Payment for services is up to, but not including, the date of the third birthday.
- (7) "Private automobile carrier" means a person owning or having access to a private vehicle not used for commercial transportation purposes and who uses that vehicle for the occasional transportation of eligible children.
- (8) "Provider" means an agency, person, or other entity that meets the requirements for approval as established in 908 KAR 2:100 through 908 KAR 2:180 and who signs an agreement with the department.

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(9) "Therapeutic intervention" means:

- (a) Treatment of the child or intervention with the child in the context of caregivers and environment; and
- (b) Not consultation and planning.

(10) "Usual and customary charge" means the uniform amount which the individual provider charges in the majority of the cases for a specific service.

Section 2.

Participation Requirements.

(1) An early intervention provider that requests to participate as an approved First Steps provider shall comply with the following:

(a) Submit to an annual review by the Commission for Children with Special Health Care Needs, or its agent, for compliance with 908 KAR 2:100 through 908 KAR 2:180;

(b) Meet, or employ or contract with a professional or staff who meets the qualifications established in 908 KAR 2:150;

(c) Ensure:

1. That each professional or staff who is employed by the provider and provides a service in the First Steps Program shall attend a minimum of a one (1) day, not to exceed an eight (8) hour period, training on First Steps' philosophy, practices, and procedures provided by First Steps representatives prior to providing First Steps services; and

2. That each professional or staff who is employed by the provider and presently providing a First Steps service shall have evidence of equivalent training;

(d) Agree to provide First Steps services according to an individualized family service plan as required in 908 KAR 2:130;

(e) Agree to submit as requested by the department and to maintain all required information, records, and reports to insure compliance with this administrative regulation;

(f) Establish a contractual arrangement with the Cabinet for Health Services for the provision of First Steps services; and

(g) Agree to provide upon request information necessary for reimbursement for services by the Cabinet for Health Services in accordance with this administrative regulation, which shall include the tax identification number and usual and customary charges.

(2) The Commission for Children with Special Health Care Needs shall grant provider approval for participation to a provider who meets the criteria established in subsection (1) of this section.

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Section 3. Reimbursement.

The department shall reimburse a participating First Steps provider the lower of the actual billed charge for the service or the preestablished fixed upper limit taking into consideration information available to the department with regard to cost and the department's estimate as to the amount necessary to secure the service.

(1) A charge submitted to the department shall be the provider's usual and customary charge for the same service.

(2) The preestablished upper limit fee for services shall be as follows:

(a) Primary service coordination:

1. In the office, the fee shall be sixty-five (65) dollars per hour of direct contact service.
2. In the home or community site, the fee shall be eighty-eight (88) dollars per hour of direct contact service.

(b) Initial service coordination:

1. In the office, the fee shall be sixty-eight (68) dollars per hour of direct contact service.
2. In the home or community site, the fee shall be ninety-one (91) dollars per hour of direct contact service.

(c) Primary evaluation:

1. In the office or center based site, the fee shall be \$250 per service event.
2. In the home or community site, the fee shall be \$250 per service event.

(d) Intensive clinic evaluation:

1. In the office or center-based site the fee shall be \$1,100 per service event.
2. In the community site the fee shall be \$1,000 per service event.

(e) Service assessment:

1. For an audiologist:

- a. In the office or center based site, the fee shall be eighty-six (86) dollars per hour of direct contact service.
- b. In the home or community site, the fee shall be \$112 per hour of direct contact service.

2. For a family therapist:

- a. In the office or center based site, the fee shall be eighty-six (86) dollars per hour of direct contact service.
- b. In the home or community site, the fee shall be \$112 per hour of direct contact service.

3. For a licensed psychologist or certified psychologist with autonomous functioning:

- a. In the office or center based site, the fee shall be \$207 per hour of direct contact service.

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- b. In the home or community site, the fee shall be \$268 per hour of direct contact service.
- 4. For a developmental interventionist:
 - a. In the office or center based site, the fee shall be eighty-three (83) dollars per hour of direct contact service.
 - b. In the home or community site, the fee shall be \$108 per hour of direct contact service.
- 5. For a registered nurse:
 - a. In the office or center based site, the fee shall be eighty-six (86) dollars per hour of direct contact service.
 - b. In the home or community site, the fee shall be \$112 per hour of direct contact service.
- 6. For a nutritionist:
 - a. In the office or center based site, the fee shall be eighty-six (86) dollars per hour of direct contact service.
 - b. In the home or community site, the fee shall be \$112 per hour of direct contact service.
- 7. For a dietitian:
 - a. In the office or center based site, the fee shall be eighty-six (86) dollars per hour of direct contact service.
 - b. In the home or community site, the fee shall be \$112 per hour of direct contact service.
- 8. For an occupational therapist:
 - a. In the office or center based site, the fee shall be eighty-six (86) dollars per hour of direct contact service.
 - b. In the home or community site, the fee shall be \$112 per hour of direct contact service.
- 9. For an orientation and mobility specialist:
 - a. In the office or center based site, the fee shall be eighty-three (83) dollars per hour of direct contact service.
 - b. In the home or community site, the fee shall be \$108 per hour of direct contact service.
- 10. For a physical therapist:
 - a. In the office or center based site, the fee shall be eighty-six (86) dollars per hour of direct contact service.
 - b. In the home or community site, the fee shall be \$112 per hour of direct contact service.
- 11. For a speech therapist:
 - a. In the office or center based site, the fee shall be eighty-six (86) dollars per hour of direct contact service.

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b. In the home or community site, the fee shall be \$112 per hour of direct contact service.

12. For a social worker:

a. In the office or center based site, the fee shall be eighty-three (83) per hour of direct contact service.

b. In the home or community site, the fee shall be \$108 per hour of direct contact service.

13. For a teacher of the deaf and hard of hearing:

a. In the office or center based site, the fee shall be eighty-three (83) dollars per hour of direct contact service.

b. In the home or community site, the fee shall be \$108 per hour of direct contact service.

14. For a teacher of the visually impaired:

a. In the office or center based site, the fee shall be eighty-three (83) dollars per hour of direct contact service.

b. In the home or community site, the fee shall be \$108 per hour of direct contact service.

15. For an assistive technology specialist:

a. In the office or center based site, the fee shall be eighty-six (86) dollars per hour of direct contact service.

b. In the home or community site, the fee shall be \$112 per hour of direct contact service.

(f) Therapeutic intervention and collateral services:

1. For an audiologist:

a. In the office or center based site, the fee shall be seventy (70) dollars per hour of direct contact service.

b. In the home or community site, the fee shall be ninety-four (94) dollars per hour of direct contact service.

2. For a family therapist:

a. In the office or center based site, the fee shall be seventy (70) per hour of direct contact service.

b. In the home or community site, the fee shall be ninety-four (94) per hour of direct contact service.

3. For a licensed psychologist or certified psychologist with autonomous functioning:

a. In the office or center based site, the fee shall be \$155 per hour of direct contact service.

b. In the home or community site, the fee shall be \$226 per hour of direct contact service.

4. For a certified psychological associate:

a. In the office or center based site, the fee shall be \$116 per hour of direct contact service.

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b. In the home or community site, the fee shall be \$170 per hour of direct contact service.

5. For a developmental interventionist:

a. In the office or center based site, the fee shall be sixty-eight (68) dollars per hour of direct contact service.

b. In the home or community site, the fee shall be ninety-one (91) dollars per hour of direct contact service.

6. For a developmental associate:

a. In the office or center based site, the fee shall be fifty-one (51) dollars per hour of direct contact service.

b. In the home or community site, the fee shall be sixty-eight (68) dollars per hour of direct contact service.

7. For a developmental assistant, in the office or center based site, the fee shall be ten (10) dollars per hour of direct contact service.

8. For a registered nurse:

a. In the office or center based site, the fee shall be seventy (70) dollars per hour of direct contact service.

b. In the home or community site, the fee shall be ninety-four (94) dollars per hour of direct contact service.

9. For a licensed practical nurse:

a. In the office or center based site, the fee shall be twenty-four (24) dollars per hour of direct contact service.

b. In the home or community site, the fee shall be thirty-two (32) dollars per hour of direct contact service.

10. For a nutritionist:

a. In the office or center based site, the fee shall be seventy (70) dollars per hour of direct contact service.

b. In the home or community site, the fee shall be ninety-four (94) dollars per hour of direct contact service.

11. For a dietitian:

a. In the office or center based site, the fee shall be seventy (70) dollars per hour of direct contact service.

b. In the home or community site, the fee shall be ninety-four (94) dollars per hour of direct contact service.

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12. For an occupational therapist:

- a. In the office or center based site, the fee shall be seventy (70) dollars per hour of direct contact service.
- b. In the home or community site, the fee shall be ninety-four (94) dollars per hour of direct contact service.

13. For an occupational therapist assistant:

- a. In the office or center based site, the fee shall be fifty-two (52) dollars per hour of direct contact service.
- b. In the home or community site, the fee shall be seventy (70) dollars per hour of direct contact service.

14. For an orientation and mobility specialist:

- a. In the office or center based site, the fee shall be sixty-eight (68) dollars per hour of direct contact service.
- b. In the home or community site, the fee shall be ninety-one (91) dollars per hour of direct contact service.

15. For a physical therapist:

- a. In the office or center based site, the fee shall be seventy (70) dollars per hour of direct contact service.
- b. In the home or community site, the fee shall be ninety-four (94) dollars per hour of direct contact service.

16. For a physical therapist assistant:

- a. In the office or center based site, the fee shall be fifty-two (52) dollars per hour of direct contact service.
- b. In the home or community site, the fee shall be seventy (70) dollars per hour of direct contact service.

17. For a speech therapist:

- a. In the office or center based site, the fee shall be seventy (70) dollars per hour of direct contact service.
- b. In the home or community site, the fee shall be ninety-four (94) dollars per hour of direct contact service.

18. For a speech therapist assistant:

- a. In the office or center based site, the fee shall be fifty-two (52) dollars per hour of direct contact service.
- b. In the home or community site, the fee shall be seventy (70) dollars per hour of direct contact service.

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19. For a social worker:

- a. In the office or center based site, the fee shall be sixty-eight (68) dollars per hour of direct contact service.
- b. In the home or community site, the fee shall be ninety-one (91) dollars per hour of service.

20. For a teacher of the deaf and hard of hearing:

- a. In the office or center based site, the fee shall be sixty-eight (68) dollars per hour of direct contact service.
- b. In the home or community site, the fee shall be ninety-one (91) dollars per hour of direct contact service.

21. For a teacher of the visually impaired:

- a. In the office or center based site, the fee shall be sixty-eight (68) dollars per hour of direct contact service.
- b. In the home or community site, the fee shall be ninety-one (91) dollars per hour of direct contact service.

22. For a physician providing a collateral service in the office or center based site, the fee shall be seventy-six (76) dollars per hour of direct contact service. A physician shall not receive reimbursement for therapeutic intervention.

23. For an assistive technology specialist:

- a. In the office or center based site, the fee shall be sixty-eight (68) dollars per hour of direct contact service.
- b. In the home or community site, the fee shall be ninety-one (91) dollars per hour of direct contact service.

(g) Respite shall be seven (7) dollars and sixty (60) cents per hour.

(h) Integrated disciplines center-based services shall be fifty-six (56) dollars per hour of direct contact service.

(3) Except as specified in subsection (4) of this section, a payment for professional or staff services listed in subsection (2) of this section shall be based on a unit of service in fifteen (15) minutes increments.

(4) A payment for a primary or intensive evaluation listed in subsection (2) of this section shall be based on a complete evaluation as a single unit of service.

(5) A payment for an assistive technology device shall be based on the actual invoiced cost, including the cost of shipping and handling, for the authorized equipment included in the individualized family service plan.

(6) Payment for transportation shall be the lesser of the billed charge or:

(a) For a commercial transportation carrier:

- 1. An amount derived by multiplying one (1) dollar by the actual number of loaded miles; or
- 2. The metered amount plus an administration charge not to exceed twelve (12) percent of metered amount.

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- (b) For a private automobile carrier, an amount equal to twenty-five (25) cents per loaded mile transported;
- (c) For a noncommercial group carrier, an amount equal to fifty (50) cents per eligible child per mile transported.
- (7) A payment for a single professional or paraprofessional group intervention service, with a minimum of one (1) professional or paraprofessional who can practice without direct supervision shall be thirty-six (36) dollars per child hour of direct contact service for each child in the group with a limit of three (3) eligible children per professional or paraprofessional.
- (8) A payment for a multi-professional or paraprofessional group intervention service, with a minimum of two (2) professionals or paraprofessionals who can practice without direct supervision, shall be forty-six (46) dollars per child hour of direct contact service for each eligible child in the group with a limit of three (3) eligible children per professional or paraprofessional.

Section 4. Limitations.

- (1) For primary service coordination, payment shall be limited to no more than fifteen (15) hours per child per six (6) month period unless preauthorized by the Commission for Children with Special Health Care Needs.
- (2) For initial service coordination, payment shall be limited to no more than twenty-five (25) hours per child per period of eligibility unless preauthorized by the Commission for Children with Special Health Care Needs.
- (3) For service assessment:
 - (a) Payment shall be limited to no more than two and one-half (2 1/2) hours per child per discipline per assessment unless preauthorized by the Commission for Children with Special Health Care Needs.
Best Practice Guideline: Assessment should be done based on the tolerance of the child and based on multiple activities and approaches; therefore the assessment event may need to occur over several days.
 - (b) Payment shall be limited to four (4) assessments per discipline per child from birth to the age of three (3) unless preauthorized by the Commission for Children with Special Health Care Needs.
 - (c) A service assessment payment shall not be made for the provision of routine therapeutic intervention services by a discipline in the general practice of that discipline. Payment for a unit of service assessment shall be restricted to the needs for additional testing or other activity by the discipline that go beyond routine practice. Routine activity of assessing outcomes shall be billed as therapeutic intervention.
- (4) For therapeutic intervention:
 - (a) For office and center:
 - 1. Payment shall be limited to no more than one (1) hour of service per day per child for each professional or discipline and paraprofessional meeting the qualifications in 908 KAR 2:150 unless preauthorized by the Commission for Children with Special Health Care Needs.
Best Practice Guideline: Research from the field recommends certain levels of practice that apply to infants and toddlers. The tolerance for intervention for this age child needs to be considered as well as the impact the intensity has on the family.
 - 2. Payment shall be limited to no more than one (1) office visit per child, per day, per discipline unless preauthorized by the Commission for Children with Special Health Care Needs except that billing for collateral while participating in an IFSP meeting in the same day shall be allowed.

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(b) For home and community sites:

1. Payment shall be limited to no more than one (1) hour of service per day per child for each professional or discipline and paraprofessional unless preauthorized by the Commission for Children with Special Health Care Needs.

Best Practice Guideline: Two professionals with the same discipline, co-treating during the same hour, according to the child's identified needs in the IFSP, shall count as one discipline for the day.

2. Payment shall be limited to no more than three (3) disciplines per child per day unless preauthorized by the Commission for Children with Special Health Care Needs except that billing for collateral while participating in an IFSP meeting in the same day shall be allowed.

(c) For group:

1. In a group setting the service time for each professional or discipline and paraprofessional may extend to the time period of the group, not to exceed two and one-half (2 1/2) hours per day, five (5) hours per week, unless preauthorized by the Commission for Children with Special Health Care Needs.

2. The ratio of staff to children in group therapeutic intervention shall be limited to a maximum of three (3) children per professional or discipline and paraprofessional per group, unless preauthorized by the Commission for Children with Special Health Care Needs.

(5) For respite, payment shall:

(a) Be limited to no more than eight (8) hours of respite per month, per eligible child;

(b) Not be allowed to accumulate beyond each month; and

(c) Be limited to families in crisis, or strong potential for crisis without the provision of respite.

Section 5.

Sliding Fee.

(1) Families are required to participate in the payment of services based on a sliding fee scale, except that no charge be made for the following functions:

(a) Child find;

(b) Evaluation and assessment;

(c) Service coordination; and

(d) Administrative and coordinate activities including development, review, and evaluation of individualized family service plans, and the implementation of procedural safeguards.

(2) Payment of fees shall be for the purpose of:

(a) Maximizing all available sources of funding for early intervention services; and

(b) To give families an opportunity to assist with the cost of services where there is a means to do so, in a family share approach.

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(3) The family share payment shall:

(a) Be an income-based flat monthly fee for the duration of participation in early intervention services, as determined by:

1. Level of family gross income identified on last Federal Internal Revenue Service statement, as reported by family;

2. Level of income matched with level of poverty, utilizing the federal poverty measure, poverty guidelines as published annually by the Federal Department of Health and Human Services, based on the following scale:

a. Below 200 percent of poverty there shall be no payment;

b. From 200 percent of poverty to 300 percent the payment shall be twenty (20) dollars per month of participation;

c. From 300 percent of poverty to 400 percent the payment shall be thirty (30) dollars per month of participation;

d. From 400 percent of poverty to 500 percent the payment shall be forty (40) dollars per month of participation; or

e. From 500 percent of poverty and over the payment shall be fifty (50) dollars per month of participation.

(b) Not apply to children eligible for Medicaid;

(c) Not prevent a child from receiving services if family shows to the satisfaction of the department an inability to pay:

1. By submitting to the state coordinator a request to have the amount of the family share payment reduced or be exempted from paying the family share payment; and

2. By undergoing a financial review by the Commission for Children with Special Health Care Needs which may:

a. Adjust the gross family income by subtracting extraordinary medical costs, equipment costs, exceptional child care costs, and other costs of care associated with the child's disability; and

b. Result in a calculation of a new family share payment amount based on the family's adjusted income compared to the appropriate percentage of the poverty level. If a recalculation is completed, the Commission for Children with Special Health Care Needs shall conduct a review at least annually.

(d) Not apply to a family who chooses to use their private insurance.

(4) A family who chooses to use its private insurance for payment of a First Steps service shall not be responsible for payment of insurance deductibles or co-payments related to this service. Payment of First Steps related coinsurance and deductibles shall be assumed by First Steps. (24 Ky.R. 811; Am. 1109; eff. 11-14-97; 25 Ky.R. 672; 1420; 1663; eff. 1-19-99.)